400 Garden City Plaza, Suite 300 Garden City, New York 11530 (516) 742-4343 - Telephone (516) 742-4366 - Facsimile E:mail: intprop@ssmp.com

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To: Examiner Lynne R. Edmondson From: Thomas Spinelli, Esq. Art Unit: 1725 Registration No.: 39,533 Fax: 571-273-8300 Pages: 13 Phone: 571-272-1172 Date: November 13, 2006 Re: USSN: 10/828,414 CC: Our Docket: 17661

RESPONSE TO THREE-MONTH OFFICE ACTION

The following is being filed with the U.S. Patent and Trademark Office via facsimile on November 13, 2006:

- 1. Response W/Transmittal in Duplication
- 2. Certificate of Facsimile Transmission

Applicant:

Toru Kuboi

Serial No.:

10/828,414

For:

SEMICONDUCTOR BONDING APPARATUS

Filed:

April 20, 2004

Docket:

17661

Dated:

November 13, 2006

TS:cm

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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) Docket No.								
Applicant(s): Toru Kub	17661							
Application No.	Filing Date	Examiner		Group Art Unit				
10/828,414	April 20, 2004	Lynne R. Edmondson		1725				
Invention: SEMICOND	UCTOR BONDING APPARATU		_	RECEIVED				
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Confirmation No.: 4515 NOV 1 3 2006								
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on November 1								
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	Thomas Spinelli							
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AMENDMENT TRANSMITTAL LETTER (Large Entity) Applicant(s): Toru Kuboi					Docket No. 17661		
Application No.	Filing Date	Examiner		Customer I	No.	Group Art Un	nit Confirmation No.
10/828,414	April 20, 2004	Lynne R. Edmonds	ов	23389		1725	4515
	ICONDUCTOR BONI					1,20	
RECEIVED CENTRAL FAX CENTER							
		COMMISSIONER FO	R PAT	ENTS:		•	NOV 1 3 2006
Transmitted herev	vith is an amendment i	in the above-identified a	nnlicati	nn			
		smitted as shown below		J. 1.			
		CLAIMS AS AM	ENDE)			
	CLAIMS REMAINING	HIGHEST #	NUMB	ER EXTRA			ADDITIONAL
	AFTER AMENDMENT	PREV. PAID FOR	CLAIMS	PRESENT		RATE	FEE
TOTAL CLAIMS	7 -	20 =		0	х	\$50.00	\$0.00
INDEP. CLAIMS	2 -	3 =		0	х	\$200.00	\$0.00
Multiple Dependent Claims (check if applicable).							\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$0.00							
No additional fee is required for amendment. Please charge Deposit Account No. in the amount of A check in the amount of to cover the filing fee is enclosed. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP Any additional filing fees required under 37 C.F.R. 1.16. Any patent application processing fees under 37 C.F.R. 1.17. Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Dated: November 13, 2006 Thomas Spinelli Registration No.: 39,533 Dated: November 13, 2006 Thereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 2FR 1.8(a)] on (Date)							
CG: Signature of Person Mailing Correspondence Typed or Printed Name of Person Mailing Correspondence							

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Applicant(s): Toru Kubo	17661		
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10/828,414	April 20, 2004	Lynne R. Edmondson	1725
Invention: SEMICONDI	JCTOR BONDING APPARATI	JS	
Confirmation	No.: 4515		
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on November 13			
(Date)	, 2000		
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Application No.	Filing Date	Examiner		Customer I	Vo.	Group Art Uni	t Confirmation No.
10/828,414	April 20, 2004	Lynne R. Edmonds	on	23389		1725	4515
Invention: SEM	ICONDUCTOR BONI	DING APPARATUS					
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		COMMISSIONER FO	R PATE	ENTS:			NOV 1.3 2006
Transmitted herew	ith is an amendment i	n the above-identified a	nnlicatio	nn.			
		smitted as shown below.		,, . .			
		CLAIMS AS AM	ENDED) .			
·	CLAIMS REMAINING	HIGHEST #	Γ	ER EXTRA			ADDITIONAL
	AFTER AMENDMENT	PREV. PAID FOR		PRESENT		RATE	FEE
TOTAL CLAIMS	7 -	20 =		0	х	\$50.00	\$0.00
INDEP. CLAIMS	2 -	3 =		0	х	\$200.00	\$0.00
Multiple Dependent Claims (check if applicable)							\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$0.00							
No additional fee is required for amendment. Please charge Deposit Account No. in the amount of A check in the amount of to cover the filling fee is enclosed. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP Any additional filling fees required under 37 C.F.R. 1.16. Any patent application processing fees under 37 CFR 1.17. Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card Information and authorization on PTO-2038. Dated: November 13, 2006 I hereby certify that this correspondence is being @posited with the United States Postal Service with sufficient postage as first class mall in an envelope addressed to "Comprissioner for Patents, P.O. Box 1450-Alexandria, VA 22313-1450" (37 CFR 1.8(a)) on							
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Dated:

November 13, 2006

APPARATUS

Conf. No.:

4515

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

RESPONSE

Sir:

In response to the Official Action dated August 16, 2006, Applicant respectfully requests reconsideration of the above-identified application in light of the following amendments and remarks:

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to facsimile number 571-273-8300 at the U.S. Patent and Trademark Office on the date shown below.

Dated: November 13, 2006

Thomas Spinelly

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